

09/869131

JUN 25 2001

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PTO/SB/07 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number not yet assigned		Filing Date on even date herewith			
							Applicant(s) Claude FELL					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
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Total Indep	1						Total Indep					
Total Depend	23						Total Depend					
Total Claims	24						Total Claims					

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